STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobi	byist(s) Maure	en D. S	mith and S	Busan S	. Geiger	
II. Name of lob	byist's partnership	, firm or co	rporation, if any	y :		
Orr & Reno, P.A.						
	(Name of partnersh	ip, firm or cor	poration)			
45 S. Mair	Street, P	.O. Box	4550 Conco	ord	NH	03302
Business Address:	(Street)		(Town/City)		(State)	(Zip Code)
	223-9066	e-mail_msmith@orr-reno.com				
(Teleph	ione)		(Fax)			
	ent covers: (Choosense transactions w					nay file a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the following client:						
Lindt & Sprungli USA Inc. (Full Name of Client as it appears on the Lobbyist Registration Form)						
<u>OR</u>	(Full Name o	f Client as it	appears on the Lobb	byist Registra	tion Form)	
☐ All reportable	e transactions by the particular client.	e lobbyist (ir	ocluding the lobby	yist's family), or the lobbyir	ng firm listed below which are
IV. Date of Rep	ort April 26, 2	017 🗆		Julv	26, 2017	
Reports cover:	activity from date o		to 3/31/17		1 4/1/17 to 6/30/1	7
	October 25		·- -		ary 31, 2018 🛭	• /• =
	activity from 7	/1/17 to 9/30/	17	activity froi	n 10/1/17 to 12/3	1/17
						the last report. State House, Room 204,
VI. Check if add	ditional reports ar	e attached:				
☐ If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses						
☐ If you have p Expense Reimbu		or reimburs	ed expenses, you	must file A	ddendum B R	eport of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions						
I have read RSA	the best of my know	A 14-C and	elief.		1/31/18	foregoing information is true
Maureen I	• ,				(2)	RECEIVED
(Print Name of						1 2 mm - 2001 1 2 mm
						4414 0 4 4646

JAN **31** 2018